

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	M P		2-15-01
<b>O.I.P.E. CLASSIFIER</b>		59	3211
<b>FORMALITY REVIEW</b>	LS	857	4/6/01
<b>RESPONSE FORMALITY REVIEW</b>	MS	5C706	08/21/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓ 5/10/01	
2 ✓ 3/22/01	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here